

CDC *Vital Signs* Town Hall Teleconference

Child Passenger Safety: A State and Tribal Perspective

February 11, 2014

2:00 pm EST

Operator: Thank you for standing by. At this time, all participants are in a listen-only mode. During the Q&A session, please press star 1 on your touchtone phone if you'd like to ask a question.

Today's conference is being recorded. If you have any objections, please disconnect at this time. Now I'd like to turn the meeting over to Dr. Judith Monroe.

Dr. Judy Monroe: Well, hi, everybody. I hope everyone's having a good afternoon or morning, wherever you might be calling in from.

I'm Dr. Judy Monroe, director of CDC's Office of State, Tribal, Local and Territorial Support.

And we're really glad that you could join us today as we discuss the latest Vital Signs report on child passenger safety.

Before we get started, let me make sure that all housekeeping details have been elaborated on here.

You can go online and download today's PowerPoint presentation so you can follow along with the presenters. The web address for that is www.cdc.gov/stltpublichealth, all one word. So that's S-T-L-T public health, all one word.

There's a direct link to *Vital Signs* Town Hall web page under "Highlighted Products and Resources" on the lower right side of this page.

On this town hall web page, you can also view bios for each of the presenters that'll be speaking today. This is also where we will add the audio recording and the transcript for today's teleconference. And they should be available to the field next week.

So back to our topic, child passenger safety, which is truly an important public health topic because motor vehicle crashes are a leading cause of death for children in the United States.

Motor vehicle deaths among children aged 12 and under had decreased by 43% in the past decade. So that's the good news. However, we still have more than 9,000 children aged 12 and under that have died in crashes in the past decade.

Using an age- and size-appropriate car seat or booster seat correctly can really be a lifesaver. Also, evidence shows that state laws result in more children being buckled up.

There are a couple of ways that health departments and community organizations can help.

First, consider implementing proven strategies for increasing car seat, booster seat, and seatbelt use such as child passenger restraint laws for children aged 8 and under or car seat and booster seat giveaway programs.

A second way that you could do this is to increase the number of certified child passenger safety technicians.

So on today's call, you're going to hear from three colleagues.

First, we will hear from Dr. Erin Sauber-Schatz, Lieutenant Commander in the US Public Health Service Commission Corps and Transportation Safety team lead in the Division of Unintentional Injury Prevention at the National Center for Injury Prevention and Control at CDC. She will provide summary of this month's *Vital Signs* report.

Dr. Sauber-Schatz will hand the call over to Toni Short, a Caddo Nation Tribal Motor Vehicle Injury Prevention specialist and coordinator for the Caddo Nation of Oklahoma.

Ms. Short will share accomplishments and lessons learned in child restraint from the Tribal Motor Vehicle Injury Prevention Program in Caddo Nation of Oklahoma.

Ms. Short will then hand the call over to Ms. Lisa Dawson, director of the Injury Prevention Program with the Georgia Department of Public Health.

Ms. Dawson then will provide an overview of child safety seat legislative initiatives in Georgia.

There will be time for questions after our presentations today. You can get in the queue to ask a question at any time during the teleconference. Just press star 1 and record your name when prompted.

And now, let me turn the call over to our first speaker, Dr. Sauber-Schatz.

Dr. Erin Sauber-Schatz: Hello. Thank you, everyone, for joining us today.

I will be presenting the findings of our *Vital Signs* on restraint use and motor vehicle occupant death rates among children aged 0 to 12 years in the United States from 2002 to 2011.

So now in the overall slide set, if you're able to follow along with us, I'll be switching over to slide 5.

Motor vehicle crashes are a leading cause of death among children in the United States. Given these facts, we wanted to explore the past decade of child motor vehicle death data and look at trends over time and for progress in preventing these deaths.

And to get a more detailed picture of where we stand today by looking for differences by sex, age, group, and race/ethnicity.

Now on slide 6. The data source for this study was the National Highway Traffic Safety Administration's Fatality Analysis Reporting System or FARS.

FARS includes motor vehicle crashes that occur on public roads in the United States in which at least one vehicle occupant or non-occupant involved in the crash dies within 30 days.

From the FARS data, we included only motor vehicle occupants that died in a crash during 2002 to 2011 that were aged 0 to 12 years of age.

Children who died as occupants were classified by race/ethnicity, including white, black, Hispanic, and by age group, less than 1, 1 to 3, 4 to 7, 8 to 12, and 0 to 12 overall.

Only passenger vehicle crashes were included in this study. Cars, pickup trucks, vans, and sport utility vehicles were considered passenger vehicles.

We used the US Census Bureau data to obtain population counts for children of the same ages and over the same years that the study for rate calculation.

Now onto slide 7. For 2002 to 2011, we calculated annual motor vehicle occupant death rates per 100,000 population, the percent change in death rates and the proportion of motor vehicle deaths that involved children who are unrestrained.

By unrestrained I mean children that were not buckled in a car seat, booster seat or seatbelt. For simplicity, I'll call this child death not buckled from here on out.

Combined 2009 and 2010 data were used to calculate age group specific death rates overall and by sex and race/ethnicity as well as the proportions of child deaths not buckled by age group and race/ethnicity.

Two years of data were used to account for small numbers and we used 2009 and 2010 because they were the most recent years of finalized race/ethnicity data at the time of analysis.

Now onto slide 8. I'll now present some of the results from our study.

And now slide 9. During 2002 to 2011, a total of 9,182 children aged 0 to 12 years died in motor vehicle crashes in the United States.

Then slide 10. The good news is that motor vehicle crash death rates among children decreased 43% from 2.2 deaths per 100,000 population in 2002 to 1.2 deaths per 100,000 population in 2011.

Then slide 11. However, in 2011, 33% of children aged 0 to 12 years who died as occupants in motor vehicle crashes were not buckled. Again, this means not buckled in a car seat, booster seat, or seatbelt.

Slide 12. In the more recent years at 2009 and 2010, a total of 1,409 children aged 0 to 12 years died in motor vehicle crashes at a rate of 1.3 deaths per 100,000 population.

We also found that death rates did not differ by sex or age group in 2009 and 2010.

But we did find differences in rates by race. Specifically, black children had a significantly higher death rate at 1.5 deaths per 100,000 population when compared with white children whose death rate was 1 death per 100,000 population. And there were no significant differences in the death rates for Hispanic children.

Slide 13. However, in 2009 and 2010, we also found that the proportion of unbuckled child deaths differed by race and ethnicity. Specifically, we found that 45% of black child deaths were not buckled, 46% of Hispanic child deaths were not buckled, and 26% of white child deaths were not buckled.

Slide 14. I'll now discuss some of our studies, discussion and conclusions.

Slide 15 now. This study highlighted the racial/ethnic differences in death rates and in the proportions of unrestrained child death. However, we were not able to look at the reasons for this disparity.

Prior research has found that socio-economic status might be a contributing factor to racial/ethnic differences in child restraint use.

But further research is needed to explore and understand these differences and the barriers to child restraint use.

Research has also shown us that there are age differences in unrestrained child death and that older children are more likely to be unbuckled at death than younger children. Our study confirmed this trend.

Reasons behind age differences should also be further researched.

And slide 16. We know that more can be done to prevent child motor vehicle occupant deaths especially in light of the high proportion of unrestrained child deaths.

Age- and size-appropriate car seats, booster seats, and seatbelts are effective. Research has shown us that child safety seats reduce the risk of death among children aged less than 1 by 71% and by 54% for children aged 1 to 4 years old.

Further, booster seats reduce the risk of serious injury among children aged 4 to 8 by 45% compared with seatbelts alone.

And research has also shown us that seatbelts are effective at reducing injuries and deaths among older children and adults. Specifically, seatbelts reduce the risk for death and serious injury by about 50%.

And slide 17 now. So the obvious next question is, what can be done to increase restraint use for child motor vehicle occupants?

There are proven effective strategies for states and communities to get more children buckled up.

For instance, a Community Preventative Service Task Force systematic review found that child safety seat laws decrease deaths and increase use.

Child safety seat distribution plus education programs increase child safety seat use or possession and child safety seat use.

Based on these findings and strong evidence of effectiveness, the task force recommends both of these interventions to increase restraint use and reduce death.

Further support for increasing required age for child safety seat and booster seat use in state child passenger restraint laws comes from a 2012 study by Eichelberger, et al. from the Insurance Institute of Highway Safety.

Eichelberger, et al., they found that in a study of five states that increased the age requirements to 7 or 8 years for child safety seat or booster seat use that the rate of use increased nearly three times and the rate of children who sustained fatal or incapacitating injuries decreased by 17%.

Slide 18 now. Here's a map of the 2013 status of child passenger safety laws in the United States. In 2013, 12 states had child passenger restraint laws that required child safety seat or booster seat use by children aged 5 years or younger. Thirty-six states and the District of Columbia had laws requiring use by children through either ages 6 or 7 years. And two states, Tennessee and Wyoming, had laws requiring use for children through at least aged 8 years.

As a result, in 2013, only 2% of children in the United States lived in states where the child passenger restraint law that required child safety seat or booster seat use by children through at least age 8.

Slide 19 now. Healthcare providers also have an important role to play. They can keep up to date on child passenger safety recommendations and counsel parents and caregivers that each well-child check-up to use age- and size-appropriate car seats, booster seats, and seatbelts on every trip.

They can also counsel about the correct time to move a child to the next seat type or a seatbelt.

And healthcare providers can counsel patients of all ages about the importance and effectiveness of buckling up.

And slide 20. Parents and caregivers are the first line of defense. They need to know how to use car seats, booster seats, and seatbelts and use them on every trip no matter how short.

Parents also need to be sure that they install and use car seats and booster seats according to their seat owner's manual.

If parents need help installing a car seat, they can get help from a certified child passenger safety technician. Child passenger safety technicians are trained to install car seats and provide education to parents on how to install and use their car and booster seats properly. The service is available throughout the country and is often free of charge.

Parents often need to recognize the safest way to buckle a child changes as their child grows.

And parents should buckle children aged 12 and under in the back seat because it's safer than the front seat for smaller children.

Slide 21 now. And finally, as part of this *Vital Signs*, we created public outreach materials that we hope you will use and share widely. One of these items is our fact sheet that includes a graphic providing guidance for parents and caregivers on car seat, booster seat, and seatbelt use by age.

Slide 22. I would like to acknowledge my co-authors and communications staff that all played a critical role in developing this *Vital Signs* including Dr. Gwen Bergen, Bethany West, Michele Huitric, and Jennifer Pressley.

And slide 23. A final point that more can be done is that comparing observational studies with death data among child passengers aged less than 1. In observed restrained studies, we see that only 2% of children aged less than 1 are unrestrained. And this is compared with 22% of deaths were less than 1 are unrestrained.

NHTSA did a lives saved calculation by child safety seat use for this study and found that 3,308 children aged 0 to 4 were saved by a child safety seat use in 2002 to 2011.

However, 837 more lives could have been saved by child safety seat use among children aged 0 to 4.

And thank you. I'll now turn it over to Toni Short.

Antoinette Short: I'm sorry. I've forgot to turn my mute button off.

This is Toni Short with the Caddo Nation of Oklahoma. And I'd like to thank everyone that's on this call.

That was slide 25.

Slide 26 will tell you a little bit about my background and the tribal background. The Caddo Nation is one of the eight recognized tribes. We have an eight member board through our tribal council.

Our chairman right now is Brenda Shemayme Edwards and I am the coordinator for the Tribal Motor Vehicle Injury Prevention Program.

Slide 27. The tribe receives the funding through CDC for the Tribal Motor Vehicle Injury Prevention Program. We were funded back in 2010.

And one of the purpose - the Caddo Nation had really three goals and objectives and one of them being the child passenger safety seat, to increase the usage of child safety seat among low usage group among the Caddo Nation tribal members and other Native American/Alaska Native in Caddo County.

Slide 28. Here are some of the objectives that the program has done to build a strong partnership with Safe Kids, also with other state and federal organizations and tribal organizations in our area: distribute and educate of the child safety seats, having two certified National Child Safety Seat technicians, also doing some SNAP classes, which is the Safe Native American Passengers, for the community and some of the transporters like the CHR program. Also to use CPS certification, we usually do the SNAP class before the certification which allows to help the people that are participating to get certified.

We also do the education and awareness in our community. And the data collection that the program does as we use a protocol with the University of North Carolina Gillings School of Global Public Health to collect our child safety seats.

And also one of the effective ways is the media - having to use the media to develop a comprehensive campaign that accomplished the objective of the Caddo Nation.

Slide 29. Here are some of the lists of our accomplishments.

SNAP course, we had four instructors that do that. We've reached out to 26 students.

Our CPS certification, we now have in the southwest of Oklahoma three Native American Indian CPS instructors. We also have 58 new CPS technicians in our area in the southwestern parts of Oklahoma. And 17 of those CPS technicians are law enforcement officers with Oklahoma Highway Patrol, the law enforcement, and our local Anadarko Police Department.

We also do the National Child Passenger Safety Week, participating with National Safe Kids. We do the annual Seat Check Saturday and then we also do the various counties and towns in our area, neighboring counties.

Slide 30. Here's another list of our accomplishments.

Community education car seat checks. Those are done in our local fire department, police department, at our tribal complexes in our area. We also do them in the IHS clinics, which is Anadarko and Carnegie, and then the Lawton Indian Health Hospital.

We do the checks also with the WIC programs in our area, the Ride Safe programs that the Head Start have in our area. There's Kiowa and Caddo Tribe that have the Head Start program.

We also do the one-on-one visitation with tribal members and other tribes in our area that come to the office, teaching the parents and the caregiver.

Slide 31.

I just did one slide, this was when I'm starting my observation. These are the Head Start and the child care centers that I have observed using the protocol with University of North Carolina to do my observation. So I just kind of goes through the percentage of each one of these child care.

Now to slide 32. Here's the results for years 2 and 3. First year about 55% child safety seat usage in our county. And the second set of observation I've done went up to 73.3%, which is about a 17% increase of our child safety seat usage in our area.

Now to slide 33. One of the best ways to reach out to the community is our media. A lot of the media that we have is our outdoor and broadcast media through the radio station.

One of the ways that I've done the media for outdoor billboard was I used the law enforcements that are CPS technicians. Our local Settle Studio photography knew what the program was doing in our community, they wanted to step up, to help out. So what they did was they did a professional picture of the CPS technician. We used that to do our outdoor billboard to say that "Buckle up your child, It's the law" in Oklahoma, having to work with Oklahoma Highway Safety Office, law enforcement liaisons in our area highway patrol, and the technician in our daily news for Anadarko who is always onboard to do some PSAs or outreach to our community.

Next slide, 34. Here's a picture of our billboard. Those are the three technicians. We used the baby of one of our Caddo tribal members. And also we made a poster that we are distributing out in the community, in the hospitals, the police departments, the WIC offices, the schools and everywhere.

Moving on to slide 35. This is the previous billboard, "Save a Life, Save Our Heritage." And the poster next to it is a Caddo tribal member as well. And those were also distributed out in our community.

In working with the law enforcement, this is - I'm sorry, slide 36, is one of the child passenger safety seat technician. He is also promoted to lieutenant now. So he did a PSA for us in having to work with the law enforcement part of it. So we put this out in our area.

And moving on to slide 37. The challenges that we have, having to do a lot of this, is having most of it as you see listed here with the Head Start, the school, the WIC, and some of the clinics in our area is that scheduling is one of the major factors that is hard to really get in and try to get this done. But if you are persistent and work with these organizations, you can make it happen.

And another thing was the CPS re-certification is another big task to stay on top of with our CPS technician in our area with Native American people.

The next slide, 38. Lessons learned is improved feedback to not only the Caddo Tribal Council but other tribal council in our area. There's seven different tribes in southwestern Oklahoma.

We made to continue to collect data as far as child safety use in our area so that we can turn around and use that for our community and also use it as having the parents know that they need to use their child passenger safety seat. And then more overall awareness in Caddo County and our surrounding area.

Providing accessible time and places for activities and events in our community. And also one of the biggest one is a positive relationship that you create nationwide or statewide of Oklahoma. And then improved communication with community leaders. Certify law enforcement officers to become CPS technicians. And just to continue your partnerships.

Slide 39. I'd like to say thank you. And this concludes my presentation.

Dr. Judy Monroe: Thank you. And we'll move to Lisa Dawson.

Lisa Dawson: Hi. This is Lisa.

Good afternoon. I'm on slide 40.

I have 14 slides. I'm going to skip a couple just in the interest of time. And I do want to start out with a little story, though. So - and a little bit of what I'm trying to get across this afternoon. So in the next eight to ten minutes, I'm going to try and touch on where we've gone with child restraint laws in Georgia, the context in which that work has been done, some of the lessons we've learned along the way.

But the little story is this past weekend when I was reflecting on what I might say for this presentation, I was asked by my 14-year-old daughter what I might do differently as a parent. It made me think of a time when she was 9 and I was deeply absorbed in reading an article. And she asked me what a condom was.

And at that distracted moment, my public health self went on autopilot and I said, "It's a form of birth control and it protects against sexually transmitted diseases." And when I finished the article, I looked back and I realized that my 9-year-old had just asked me about birth control and I had answered it accurately. And I'd answered it completely. But I was completely unaware of the context.

So with that setting the stage, I hope to touch on some of the relevant, contextual issues around child passenger safety restraint policy, both crash context and the policy environment.

So let's move along to the next slide, 41.

And actually slide 41 and slide 42 are a continuation of one another. And this is really looking at the crash context.

What we really wanted to see were some of the contributing factors to fatal crashes by the driver's age.

One of the things that I was actually expecting to see in these slides that you do not see is speed. This is the first path at analyzing this data and presenting it. And we're going to continue to ask questions of it with our DOT (Department of Transportation), EMS (Emergency Medical Services), and law enforcement partners.

On slide 42, one of the real surprises besides not seeing speed as a specific contributing factor was the appearance of non-motorist as a contributing factor on rank 5 in the 35 to 44 age group. That really surprised us as to how that popped up.

So that's the crash context. Restraints are very important but a lot of the things contributing to the crash is happening are important, too.

So the next slide, let's get into our legislative context and piece.

So this isn't any different than any other state. And what I just briefly wanted to mention was that the Department of Public Health rarely carries any injury-related legislation. The department is very differential to partners, and advocates, and legislators.

But what does happen is when the injury legislation is introduced, this is analyzed for potential impact to the department or population of interest. And then that's a very neutral analysis. It's just "the facts ma'am," we don't take a position.

As a companion to this process, the next slide really spells out both the process, the series of steps that lead to a law being enacted and then the discussions of the entities that are external to government.

So this is where storytelling is very important and I really want to give a shout out to some of the folks at CDC for all their efforts in helping not only health departments but partnering agencies do a better job at storytelling. Telling the story of a survivor adds to the context of a potential policy change and makes the data relevant. It really opens the door to the data.

As you can see on this slide, the partners in this process and the subsequent implementation of the law are organizations like those listed here, professional organizations like child care, safety organizations like AAA, in particular in Georgia, Safe Kids and their sponsoring organization, Children's Healthcare of Atlanta, are integral to any injury prevention policy efforts that we do here.

For instance, after the 2011 law, we did 2011 law change. We did a Give Kids a Boost program through our local health departments and Safe Kids Coalitions promoting both back to school immunizations and traffic safety.

So next slide, slide 45. Slide 45 really talks about the specifics in the law changes. A good thing about the way the restraint law is written in Georgia is that it defers to the manufacturer's instructions specifically around height and weight issues and it really allows the science to change for the manufacturers but keep intact the idea that everybody needs to be restrained and at what age.

A couple of challenges that I want to mention about this is that both years in 2004 and 2011 in the legislative changes the advocacy community really had not planned to introduce that legislation, really wasn't organized around it,

though the strategic timing might not be right and, in particular, in 2004, the governor ended up signing the legislation but really in a very public way on his website said that he was going to sign it but don't come back, don't ask for anything else. I think his exact words were, you know, he really had reservations about telling people, telling parents what to do in particular.

So these are the history. You can read it there for yourself.

On slide 46, this is just a reference to the actual official code of Georgia. It's 40-8-76. I'm going to skip over that slide.

I'm going to skip over the data piece if you're familiar with the codes.

Slide 47. If you're familiar with the NHTSA CODES project, this is the source for several of our data slides.

So I'm just going to skip that. But I want to get to slide 48 and spend a few - just a minute here.

Slide 48. This graph shows restraint use by age. The blue line is the child safety seat use and the pink line is the seatbelt use. Between 4 and 5 is when children switch to being restrained in a seatbelt only. The green line is using no restraint. You can see that stays constant throughout.

We went ahead and added red dotted lines that show the Georgia Child Restraint Law improvements according to age.

The graph really demonstrates that kids are still going into a seatbelt too early. When we originally ran this data for earlier years, the intersection of restraint use and seatbelt use was around 3 years of age.

We hope that as the booster seat use increases, the intersection of these two lines will move toward the older ages.

Slide 49 I put in here because this was one of the original pieces of data presented in 2010 and 2011 and is the emphasis for some of the advocates for the change in the law to upgrade the law.

And essentially what this slide shows is that children who are prematurely graduated to a seatbelt are more likely to suffer an abdominal injury in the event of a crash than those who are restrained in appropriate child safety seat or booster seat.

And then slide 50 shows our crash injury rates for children 4 to 8. In 2005, after the law changed, the sharp decline in injuries for ages 6 to 8, we like to think, is most likely the result of the 54% increase in reported child safety seat use. And although the 6- to 8-year-olds were not covered by the change in the law, it appears that some parents were following the recommendations and really hearing the awareness piece to use a booster seat even passed the requirements of the law.

2005 was the first full year of the law requiring children under 6 to be properly restrained. Let's see here.

And I think what I'd rather do is hear from the audience their questions on this rather than go much further.

So slide 51, I just need to thank - we have some terrific staff with us here in Georgia. And thanks to the CDC for letting us tell our story.

And with that, I think I'd hand it back over to Dr. Monroe.

Dr. Judy Monroe: Great. So thanks, to all of you for excellent presentations and for the compelling data showing that you really can make a difference.